

POLST BEST PRACTICES

POLST helps give seriously-ill patients more control over their care, and as such, is an important tool for person-centered care.

The quality and effectiveness of POLST hinges on providers and patients or their surrogates accomplishing three core tasks:

1. Engaging in a meaningful discussion to explore and clarify the patient's personal values, goals of care and treatment preferences in the context of her/his medical current condition.
2. Accurately incorporating the discussion and the patient's treatment preferences into portable medical orders in the form of a valid POLST.
3. Ensuring that the POLST information is immediately available when it is needed – particularly during a medical emergency.

While a POLST eRegistry can significantly improve the availability of POLST information, the value is meaningless if the information the eRegistry does not accurately reflect the patient's informed treatment preferences.

The following are some POLST "best practices" providers should consider incorporating into their POLST policies, procedures and workflows to ensure quality POLST completion:

- *POLST is always voluntary for the patient* and should never be required as a condition of admission to a facility or access to a service.
- *POLST is not appropriate for everyone.* POLST is designed for patients who have a chronic and/or life-limiting illness – i.e. patients for whom their health care professional wouldn't be surprised if they died within a year. Younger, healthier patients may be better served by an advance directive which names a surrogate decisionmaker.
- *Don't complete the form until there has been an in-depth discussion between the patient (or their surrogate if patient lacks capacity) and the health care provider.* This conversation is very important and should address the patient's overall health, his/her medical wishes and goals for care. It is very helpful to include the patient's family members in the conversation, even if they are not the designated decision-maker, so they understand the patient's health condition and treatment wishes.

- *Never "pre-sign" a blank POLST form.* POLST is a medical order, and should not be signed by the physician/NP/PA until *after* the form has been fully completed and the practitioner is comfortable that the selections reflect that patient's wishes.
 - *To be actionable*, the POLST must contain all of the following:*
 - Patient's first and last name
 - Patient's date of birth
 - Date the form was prepared or signed
 - A selection in Section A or Section B (no selection defaults to most aggressive care option in that section)
 - Note: Selecting CPR in Section A requires Full Treatment in Section B
 - Note: Selecting DNR in Section A allows any selection in Section B
 - Signature of physician/NP/PA
 - Note If NP/PA signs, best practice is to list NP/PA supervising physician on back.
 - Signature of patient (or legally recognized decisionmaker if patient lacks capacity)
- *The signatures are all that is required for the POLST to be *legally* valid.

- *A POLST form does NOT replace an advance directive.* An advance directive is still the best way to appoint a legal healthcare decisionmaker, and is recommended for all adults, regardless of age or current health.
- *The original bright pink form travels with the patient.* Photocopies are valid in any color.
- *Patients should only complete a new POLST if their treatment wishes change* or the POLST form is form version 2011 or older.
- *A patient can void the POLST form or create a new POLST at any time.* If changes are wanted/needed, a new POLST should be completed and signed. To void the old form, draw a line through sections A through D, write "VOID" in large letters and have the patient sign and date the line.